

Northern Virginia MR/MI Work Group

September 11, 2002

Attending:

Mark S. Diorio, Ph.D., Director, Northern Virginia Training Center
Cynthia Kemp, Acting MH Director, Arlington Behavioral Health Care Services
Nancy Mercer, Exec. Director of Community Residences, CRI
Alan Wooten, Director of MR Services, Fairfax-Falls Church CSB
Susan Green, Exec. Director, CSI
Sandra O'Bannon
Lou Rosato, Director of Social Work, Northern Virginia Mental Health Inst.
Mohamed El-Sabaawi, Director, Northern Virginia Mental Health Inst.
Christopher Tull
Kathleen Egelund, Director of Case Management Vocational Svs; Arlington CSB
Fred Firestone, Case Manager Supervisor; Loudoun CSB
Joanna Wise-Barnes, -----; Arlington CSB
Steve Garcia, -----; Loudoun CSB
Johannes Rojahn, Ph.D., Professor of Psychology, George Mason University
Leslie Katz, Director of Social Work, NVTC
Jackie Turner, -----; Prince William CSB

Mark Diorio convened the meeting at 9:05 A.M.

Mark informed those present that he is a member of the DMHMRSAS Steering Committee on Dual Diagnosis, and that the Department is very committed to improving services to consumers with dual diagnosis. All present were given information about dual diagnosis obtained from NADD (National Association for the Dually Diagnosed), an association for persons with developmental disabilities and mental health needs.

Information provided by the DMHMRSAS Steering Committee, Data Workgroup was shared. Grids on the estimated prevalence rates of MR/MI by health planning regions and CSB using rates of one and three percent for MR in the general population were reviewed. The prevalence rate of MR/MI for the range of 25% to 40% of the total MR population was also discussed. The school data from DOE was also reviewed to get an idea of the upcoming population.

The following was stated as the Department's Steering Committee Mission:

- To determine the prevalence rate.
- To look at demographics.
- To obtain accurate diagnosis of the current population.
- To establish a vision statement for a system based upon an integrated service model, stressing that this is a joint project.
- Determine training needs, standardization of training and a training model.

- Determine weaknesses and strengths/gap analysis.
- Determine incentives..
- Identify a good practice model and a list of experts.
- Establish university contacts and liaisons.
- Establish conference planning.
- Identify and seek funding, grants and technology

Nancy Mercer and Alan Wooten agreed to join the State Steering Committee. Mark will contact them with information regarding the next Steering Committee meeting.

Discussion ensued to expectations as a work group. The expectations that were listed in the agenda were reviewed. Collaboration was emphasized with the following decisions made.

- Lou Rosato and Steve Garcia agreed to contact Inova and Loudoun County Hospitals, respectively, to determine if there is any interest in those area hospitals having representation within the work group. Lou and Steve will forward Mark's name and telephone number to their hospital contacts. There was also some discussion in bringing in further university contacts in addition to Dr. Rojahn from George Mason University.
- Nancy Mercer agreed to contact and invite PACT group members as well as community advocates to ascertain their interest in joining the work group. Nancy clarified the mission of the PACT to those present. She reported that the PACT serves chronically challenging individuals who are the most disabled, as well as in and out of jail. These individuals need twenty-four hour care seven days a week. The team leader must be very accessible, due to staff turnover. The PACT is an intensive case management team, not a crisis management team. Eleven CSB's in the State of Virginia were reported to have a PACT. The majority of MR/MR people do not qualify for funding. The only time funding is available is when a person is in crisis.
- Mark asked those present to contact experts on dual diagnosis in their communities or work places to find out if they have an interest in joining the work group or being part of a clinical referral network. Some of the names discussed by various work group members were: Dr. Howard Pressman, Dr. Michael Sherer, Dr. Larry Ostrow, Dr. Weinshank, Dr. Nirbay Singh, Dr. Romani, Dr. Colleen Blanchfield, Alan Eltagi, Dr. Estair, Dr. Cuade and Dr. Lance Clauson. Leslie Katz will contact area schools and ask for a list of their experts. Mark agreed to e-mail a grid to all work group members whereby expert names, addresses, contact numbers and areas of expertise can be included. This list should be completed and shared with work group members at the next meeting.
- It was the consensus of the work group that what is of paramount importance at the present time is to establish a place where individuals can be placed during crisis situations, and to have a solid regional crises stabilization team from which

to pull experts. The need to have standardized language and standardized tools were stressed. Creativity in establishing integrated partnerships was highlighted.

- The need for grant writers was determined to be very critical. Mark asked those present to look into staff at their organizations and to find out if there was anyone who might be willing to write grants for future service development.
- Each CSB will put together a list of services they offer, along with the acronym for each service in order to review and identify resources. Each CSB will also identify their DD population and further determine the number out there, the number they are serving, and the number in crisis. Individuals under the age of 21 should be included. Also stressed was the need to identify the disposition of people—the need to know what happened to those individuals who were served.
- The service “gap” within each region should also be noted to make recommendations in filling/completing the service.
- Mark will set up a spreadsheet to include: Service/Acronym/Description of Service/Number of People Served over the last FY/Where Funds Originate/Level of Service Provided.
- Mark agreed to send out the national NADD dual diagnosis definition to all work group members to assist in determining the number of people served. When received, he will also send out some of the data that was pulled from a statewide audit. The issue of individuals having an accurate diagnoses will present problems when efforts are made to determine resources and supports needed different diagnostic groups. It is expected that there will be a noted unfortunate under diagnoses of mood disorders (e.g., anxiety, depression, and bipolar disorder) and an over-representation of Schizophrenia, Psychosis NOS, and Intermittent Explosive Disorder.
- Linda Muniz will send out the NADD Fall Teleconference Series sheet to all work group members.

The next meeting date was set for Wednesday, December 11, 2002, at 9:00 AM at the Fairfax-Falls Church Government Center. Alan Wooten agreed to reserve the same meeting room.

The meeting adjourned at 11:40 A.M.

Respectfully submitted,
Linda Muniz